

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/30/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G040		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 11/05/2012	
NAME OF PROVIDER OR SUPPLIER ARC OF NORTHWEST INDIANA INC, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 300 W 53RD AVE GARY, IN 46410			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
W0000	<p>This visit was for the post certification revisit to a fundamental recertification and state licensure survey conducted on August 3, 2012.</p> <p>This visit was in conjunction with the investigation of complaint #IN00118029.</p> <p>Dates of survey: October 25, 26 and November 1, 2 and 5, 2012</p> <p>Facility number: 000597 Provider number: 15G040 AIM number: 100233420</p> <p>Surveyor: Christine Colon, Medical Surveyor III/QMRP</p> <p>The following deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 11/19/12 by Ruth Shackelford, Medical Surveyor III.</p>		W0000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W0125	<p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>Based on record review and interview, for 1 of 3 sampled clients (client A), the facility failed to ensure the client's rights by not obtaining a legally sanctioned decision maker to assist in medical and financial decisions.</p> <p>Findings include:</p> <p>A review of client A's record was conducted at the facility's administrative office on 10/25/12 at 2:30 P.M.. Client A's record indicated she was an emancipated adult. The Conference Summary dated 11/3/11 indicated "Continues to require a residential situation that provides her with close 24 hour supervision...assists her in addressing medical/other basic needs...monitoring of physical condition, and helping her learn medication information...Can benefit from assistance in making major life decisions." The Development Assessment dated 1/17/12 indicated: "Can add coins up to one dollar...requires assistance with all banking and budgeting needs for a</p>		W0125	<p>Temporally guardianship has been secured for client #1 through the Volunteer Advocates for Seniors program. To ensure future compliance, Northwest Indiana Adult Guardianship will continue to pursue permanent guardianship of client #1 when the temporally guardianship expires.</p>		11/27/2012	

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	<p>particular purpose including saving money for a particular purpose. She cannot be sent on shopping errands." The Individual Support Plan (ISP) dated 7/25/12 indicated: "Individual's Diagnosis: Mild Dietary Deficiency, Circulatory Disorder, Chronic Leg Ulcers, Congestive Heart Failure, Peripheral Vascular Disorder....will increase her money management skills by learning to identify coins and their values up to a dollar...Will learn information about her medications by stating purpose of one medication."</p> <p>An interview with the Service Coordinator (SC) was completed at the facility's administrative office on 10/25/12 at 3:45 P.M.. The SC indicated client A did not have a legally sanctioned decision maker or health care representative to assist her in making medical and financial decisions and was unable to do so independently.</p> <p>This deficiency was cited on 8/3/12. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p>						